

1 copy State Supt. 1 copy County Supt. 1 copy School District

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eceives state reimbursement e	ven though transpo	ortees of another legal er	ntity may utilize	the services.		Rate Per Mile	
Due Dates All Routes	To County Supt October 1		To OPI October 15		\$1.36		
County Name		County Number	District Nan	District Name		Legal Entity Number	
Madison		28	Alder-Upi	Alder-Upper Ruby Elem		0536	
Route # Length of Route				Type of Service ☐ Bus Route Mi		Rated Capacity	
1	8	3		□ Non Bus Mile Bus Route Mileage		age 66	
/ehicle I.D. #	License #		□ District Ow		Contractor C		
1HVLPHYP3GHA13584 F171			□ Contract - If so, Name of Owner Eo□ Contracted rate per mile		dward W Osborn		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 0536		must match budget! Legal Entity			Legal Entity		
% 100.00 %		%			%		
PASSENGER INFORMATION		ELEMENTA BY	NDED 0		DIDEDO	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER	2	b NUMBER	2	c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)						
st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
neligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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certify that this application for rous operates on the route as ap							
Signature - Chair, Board of Trustees		in the standpointation convice area along for by the country			Date		
County 1 This Application for Registration area assigned to it by the Count Signature - Chair, County Transport	of School Bus and y Transportation C						
County Transport							



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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receives state reimbursement				the services.					
Due Date	To County Supt		To OPI	Rate Per Mile					
All Routes	S	Octob	er 1	October 15	\$0.95				
County Name		County Number	District Name		Legal Entity Number				
Madison		28		K-12 Schools	0543				
Route # Length of Route		(miles per day) Type of Serv		rvice □ Bus Route Mileage □ Non Bus Mileage	Rated Capacity				
1 104		Bus Rout		e Mileage	16				
Vehicle I.D. # License #		☐ District Ow		ned District Owned If so, Name of Owner					
1FDSE35F6YHA73908		☐ Contracted							
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages									
Legal Entity	must match budget! y Legal Entity		Leg	gal Entity					
0543	0543								
% 100.00	% 100.00 %		%		%				
PASSENGER INFORMATION		EL EMENITA DV. D	IDEDO	LIIOU OOLOOL DIDED	O TOTAL				
Number of Preschool/Kinderga	rten pupils riding	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDER (Grades 9-12)	S TOTAL ELIGIBLE RIDERS				
		а		р	C				
Regular (include eligible Preschool/Kindergarten riders)		NUMBER		NUMBER	a + b				
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)									
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TOTAL RIDERS									
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This Application for Registration	n of School Bus an	d State Reimbursement h		ordance with Section 20-10-1 ved and I certify that this bus o	132, MCA. perates within the transportation				
area assigned to it by the Cour Signature - Chair, County Transpor	John Hillet.		Date						



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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



Date

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